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Recognizing and rewarding military physicians within the resource constrained environment of the U.S. Army Medical Department Activity (MEDDAC) Fort Ord is a challenge calling for renewed emphasis and leadership. Market research targeting military physicians revealed a less than satisfactory score for the current systematic process of recognizing superb service. The research served to enlighten the MEDDAC leadership toward the needs and wants of military physicians regarding rewards and recognition. This information is valuable because military physicians are at the core of the Army medical system. Systematic inefficiency, to include lack of recognition for superb performance, is a factor that may diminish a physicians potential and might influence their decision to remain on active duty. This study provides insight into how military physicians feel about recognition and rewards to include lists of recognition and reward options most meaningful to physicians of different rank and specialty. Recommendations are provided that may serve to enhance military physician relations within the resource constrained environment of a MEDDAC.

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RECOGNITION AND REWARDS FOR MILITARY PHYSICIANS
A STUDY AT THE FORT ORD MEDDAC

A Graduate Management Project

Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Health Administration

by

Major Jay M. Clark, MS

May 1991

Running Head: Recognition

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I want to thank Colonel John E. Matt, Deputy Commander for Administration, and my preceptor, for providing guidance and support throughout my residency. He related well to my role as a resident by granting the time and autonomy essential to the successful completion of this study. I also want to thank Colonel William F. P. Tuer III, the Deputy Commander for Clinical Services, for energetically endorsing this study and providing his professional insight, support, and direction as a senior military physician. Finally, I want to thank the military physicians that responded to the survey and my direct questions. The information they provided greatly contributed toward improving the aspect of recognition and rewards as a way of benefiting physician relations.

ABSTRACT

Recognizing and rewarding military physicians within the resource constrained environment of the U.S. Army Medical Department Activity (MEDDAC) Fort Ord is a challenge calling for renewed emphasis and leadership. Market research targeting military physicians revealed a less than satisfactory score for the current systematic process of recognizing superb service. The research served to enlighten the MEDDAC leadership toward the needs and wants of military physicians regarding rewards and recognition. This information is valuable because military physicians are at the core of the Army medical system. Systematic inefficiency, to include lack of recognition for superb performance, is a factor that may diminish a physicians potential and might influence their decision to remain on active duty. This study provides insight into how military physicians feel about recognition and rewards to include lists of recognition and reward options most meaningful to physicians of different rank and specialty. Recommendations are provided that may serve to enhance military physician relations within the resource constrained environment of a MEDDAC.

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CHAPTER I

INTRODUCTION

Introduction

When Major General John E. Major was appointed the sixth commander, U.S. Army Health Services Command (HSC) in 1988, he reported that the two major problems confronting HSC were inadequate resources and threats of fragmentation of the command. He explained that the root cause of these problems was ignorance. He admonished the command to use its strength to combat this ignorance. The first strength he addressed as a weapon against ignorance was the high quality of people assigned to HSC. Major General Major stated, "When good people are treated well and appropriately recognized, they respond with superb performance" (CG HSC Bulletin, 12-90). In support of Major General Major's focus on the strength of people, HSC has adopted the management philosophy of "Total Quality Management". An inherent tenant of quality management is recognizing and rewarding good people. Unfortunately, when good people are not appropriately recognized and treated well, the organizations strength may decline, e.g., lower morale, diminished incentive toward superior performance, resignations, difficulty attracting quality replacements, continued ignorance by those that judge the organization.

Condition Which Prompted the Study

In April 1990, Colonel John F. Reed, the Deputy Commander for Administration (DCA) at the U.S. Army Medical Department Activity (MEDDAC) Fort Ord, an activity of HSC, addressed a deficiency in recognizing and rewarding military physician productivity in the resource constrained environment of the military healthcare system, particularly the U.S. Army MEDDAC Fort Ord. Colonel Reed explained that for the most part, the current system of recognizing and rewarding military physicians, other than with special pay unrelated to productivity goals, is often limited to end of tour service awards that fail to provide military physicians with meaningful job satisfaction and motivational impetus. Colonel Reed's research into the issue of physician recognition and rewards in a military environment, beyond his experience as a military healthcare administrator, included soliciting ideas from the county hospital in Salinas, California and the local Veterans Administration hospital. Both these hospitals have salaried physicians similar to the status of a military physician. His research has not provided any

noteworthy findings. Colonel Reed's association with military physicians led him to the belief that they are not being appropriately recognized and rewarded for superb performance at the MEDDAC level. Therefore, the Army Medical Department may be neglecting the people at the core of the organization, its clinicians. As a result of not adequately recognizing and rewarding military physicians, HSC may not be as strong as it could be, i.e., failure to reward superb performance may lead to lower morale which may lead to inefficient and ineffective resource utilization. Colonel Reed initiated this management study with the objective of documenting what military physicians think about recognition and rewards at the MEDDAC level including opinions on what they value as meaningful rewards. The scope of this study is limited to military physicians assigned to the Fort Ord MEDDAC and subject to the type of recognition and reward options that a MEDDAC commander can authorize and deliver. A second objective was to renew the focus on recognition of superior performance as a means of enhancing job satisfaction and strengthening HSC. This project was fully endorsed by the MEDDAC Commander, Colonel Prentice Thompson Jr., the MEDDAC Deputy

Commander for Clinical Services (DCCS), Colonel William F. P. Tuer III; and the MEDDAC DCA, Colonel John E. Matt.

Problem Statement

Physicians are not appropriately recognized for their performance, which affects job satisfaction and productivity and is contrary to quality management.

Literature Review

Rewarding physician productivity in a closed system such as the Army Medical Department, where resources are constrained, is a challenge confronting medical activity commanders. Jacobson and Watters (1989) stated that standard rewards such as salary, prestige, rank, or promotion recommendation are usually unrelated to the number of patients seen. Tangible rewards may contribute to providing the motivation for military physicians to be aware of productivity benefits.

Blanchard (1981) pointed out that two of the secrets of good management are goal setting and praise. In regard to goal setting in a military health care system, Jacobson and Watters (1989) reported "Mere mention of the

word productivity arouses instant anger and hostility in most clinically active Air Force practitioners. Years of ill-defined and variable monitored standards, accompanied by poorly executed programs have spawned derogatory productivity terms such as 'bean-count' or 'body-count'.' Jacobson and Watters (1989) pointed out that setting productivity goals in military medicine can be accomplished with effective leadership and effective management techniques.

In regard to Blanchards point about praise, the American Hospital Association (AHA) published a technical advisory bulletin in 1984 titled 'Recognition Programs'. The AHA reported that motivational research and various theories reveals a common, simple principle of human behavior: people do what they are reinforced or rewarded for doing, and that recognition of achievement motivates people. Civilian health care institutions have recognized these principles and have developed service award programs that the military can learn from.

In order to successfully set goals, motivate people, which includes military physicians, and properly recognize and reward them, a special focus on leadership (managerial) style is needed. The official management

philosophy of the Department of Defense (DoD) is Total Quality Management (TQM). Within the DoD medical arena the path-goal theory of leadership provides a sound base for managing highly educated, professional personnel within a TQM environment. Holley and Jennings (1983) describe that in the path-goal concept, the leader mainly facilitates the subordinates' efforts in reaching their goals, and the leader's effectiveness is largely determined by the extent to which he or she clarifies the relationship between the subordinates' efforts and their rewards for reaching their goals. The leader is responsible for establishing the performance payoff linkage and for communicating and facilitating those behaviors that are instrumental in obtaining specific work goals with valued outcomes.

A leader is responsible for motivating employees to perform at higher levels. The expectancy theory developed by Victor Vroom helps to explain motivation as being greatest when the individual believes that the behavior will lead to certain outcomes, that these outcomes have positive value to him or her, and that he or she is able to perform at the desired level (Holley and Jennings 1983).

Daily (1988) wrote an article titled, "Productivity Monitoring Systems in Hospitals: A Work Group Focus" that appears in the Hospital and Health Services Administration journal. The article detailed the process for installing a productivity monitoring system in action research terms. Daily pointed out that "the process is based on the assumption that alterations in a hospital's productivity focus are based on the linkage of improvements in work unit productivity to the reward system". In regards to setting up a reward system Daily stated, "If hospital productivity is really going to improve, a reward system must be set up to support employee involvement, creativity, teamwork, and decentralized problem solving from the very beginning." Daily cited other studies that state that the reward system is critical to stimulating and sustaining behavior change because it validates beliefs that certain behaviors lead to valued rewards.

A strategic implication for hospitals striving to optimize physician relations and productivity is to experiment with a variety of incentives to gain and hold physician commitment. Webster defines incentive as "something that incites or has a tendency to incite to

determination or action." Incentive programs offer the participants recognition and rewards in exchange for more efficient work. It has been demonstrated that incentive programs tailored for physicians can have a positive effect on physicians and on the hospital (Landry, 1989).

Using rewards as a method to recognize a job well done, or to encourage certain behavior, is not new. George W. Blomgre, President of Organizational Psychologist, states, "Awards foster motivation dispositions toward new behaviors and thereby create permanent behavior changes." He feels that incentive programs can be used successfully to motivate different or maximize behaviors that go beyond everyday job requirements. Nauright (1987) defines motivation as "the energy or drive that compels people to perform" (p.58) and performance as "motivation times ability" (p. 58). It is important to ensure that rewards are structured to reflect a clear and positive relationship between good performance and outcomes or rewards. Rewards need to be linked clearly to good performance. Rewards can be classified into three groups: 1) purposive rewards involve recognition for a job "well done" and goal attainment; 2) solidarity rewards involve the

satisfaction from being part of a group and benefiting from group interaction; and 3) materialistic rewards involve monetary compensation including fringe benefits.

Hospital administrators can influence performance outcome through the use of motivation strategies. Nash and Carroll (1975) identified the major strategies as: 1) fear; 2) reciprocity; 3) competition; 4) intrinsic motivation; and 5) the goal path approach. Many mangers believe that intrinsic rewards are the most powerful and utilize the strategy of job enrichment to improve performance. Motivation should lead to good performance which should be recognized with rewards. A key variable that influences individual motivation is the value of the rewards to the individual. The best way to determine which rewards are perceived to be of high value by individual employees is simply to ask them. Colie, (1990) reported that the top five service incentive that physicians want from hospitals are: 1) continuing medical education; 2) physician referral service; 3) market research patient referral and satisfaction; 4) malpractice insurance; and 5) joint venture alternative delivery system. A literature search focusing on rewarding military physicians for superb service within

the purview of the military treatment facility commander did not produce a specific reference. Nevertheless, Griffith (1987) made the point that rewarding employees for superb performance is a tenet of a 'well managed community hospital'. Military physicians at Fort Ord are part of a closed medical system making them 'employees' at the Silas B. Hays Army Community Hospital. The Griffith admonishment about rewards would logically apply to military physicians.

Qualitative research targeting military providers can help a hospital to understand how their weaknesses and strengths are perceived by the physician which may lead to suggestions for improvement in physician relations (Valentine, 1990). Tarpey (1965) advocates the use of qualitative research in better understanding exchange relationships found in marketing (e.g., military physician and hospital relations). Kirk and Miller (1986) stated 'qualitative research fundamentally depends on watching people in their own territory and interacting with them in their own language, on their own terms'. Techniques used in qualitative research include focus groups, interviews, plus very common open-ended type questions (Bellenger, Bernhardt, and Goldstucker 1976).

The pay-off in applied management research can result in improved information for decision making, e.g., How to better reward military physicians. Demby (1971) pointed out that qualitative and quantitative research can be merged to improve research results. Kirk and Miller (1986) contrasted qualitative and quantitative research by describing that 'qualitative observations identify the presence or absence of something while quantitative observation involves measuring the degree to which some feature is present'. Nicosia (1972) cautioned 'that research for quantifiable regularities in society can lead to ignorance of those aspects of man that are intrinsically nonquantitative'.

Providing military physicians meaningful recognition and rewards for superb performance may be associated with concerned leaders understanding the needs and wants of the physicians. When a hospital commander understands what physicians say they think and feel about recognition and rewards, an effective recognition process to meet the challenge may be designed and implemented. Key variables associated with the issue of rewarding military physicians appear to be job satisfaction, productivity, leadership, age, medical specialty, and gender.

Purpose of the Study

A study to determine the most effective way of rewarding physician productivity in the rigid resource system of the United States Army Medical Department Activity (MEDDAC) Fort Ord, California.

CHAPTER II

METHODS and PROCEDURES

Methods and Procedures

The objective of the study was carried out in three phases. Phase One, The Development Phase, involved reviewing literature and contacting authorities with experience in physician relations, particularly related to recognition and rewards for military physicians. This background information contributed in the development of a series of probing questions related to perceptions, needs, and wants of military physicians in relation to recognition and rewards. The questions are listed in appendix A of this proposal. The questions were operationalized through qualitative responses associated with a high content of human behavior or motivation. Each question followed the Likert format of providing a conceptual zero point so that responses are comparable at the positive and negative ends of the scale. The questionnaire was presurveyed to format user friendly response options. The questionnaires measurement of reliability was established with a Cronbachs Alpha of 0.652, (Kerlinger, 1986). The questionnaires accuracy or measure of validity was based on face judgment through the expert opinion of the DCCS, a senior physician with extensive experience working with medical officers. In

addition to the questionnaire, an instrument for identifying reward and recognition options was developed through both the literature review and brainstorming with military physicians. The reason for formulating this second instrument was to identify preferential reward options within the resource limitations of a MEDDAC. Reward preference may provide useful information in elevating the value of a recognition system. Military physicians received instructions to add to the list if they recognized other innovative ideas and then to prioritize the top ten options. See appendix B for a copy of the list of reward and recognition options.

The objective was to distribute surveys to 100 percent of the 82 military physicians assigned or attached to the Fort Ord MEDDAC with the response goal of 75 percent or better. A response of 87 percent was achieved. The sample was representative of the population of military physicians assigned to the Fort Ord MEDDAC. The results of this study are unique to the Fort Ord MEDDAC and will not be generalized to all military physicians throughout the Department of Defense.

The Second Phase is the Action Phase. Preliminary coordination with DCCS was initiated for the purpose of

alerting the medical staff to the value of the study and directing their cooperation. See appendix C for a copy of the DCCSs letter to the medical staff. Military physicians received the questionnaire and options list through distribution or personal contact with instructions to complete and return them to the Baylor resident within five working days. The survey included an ethics statement revealing that names were used only as a means to confirm compliance with the request for information. The names would not be used in the report of findings. The findings reflect aggregate results limited to grade and speciality. In addition, an intense follow-up to the questionnaire occurred in conjunction with the Baylor students rotation through the professional departments, services, and divisions. The follow-up consisted of long interviews, focus groups, and observation of military physicians to gain knowledge of their perceptions, wants, and needs related to rewards and recognition for superior performance. These interviews and group discussions permitted open-ended questions. This method of qualitative research was intended to gain a better perception of what military physicians say they think and feel about rewards and

recognition. In addition to collecting information from a qualitative perspective, quantifiable information was gathered through the two survey instruments, i.e., Likert scaled questionnaire which included physician rank and specialty and the recognition and reward option list. Quantitative assessment of the data was limited to descriptive statistics, i.e., mean, standard deviation, minimum and maximum range, and a correlation matrix to assess the extent of association among variables. The quantitative review provided a point in time portrait of physician demographics and their perception of the current reward system. Inferential statistical analysis was reserved for further research efforts that may seek to measure the degree to which some feature is present as a result of the knowledge generated through this study. One of the advantages of qualitative research is that it tends to generate hypotheses of interest to researchers.

Developing an effective and efficient process for recognizing superb military physicians is highly conducive to qualitative insight which was the main focus of this study. Effectively recognizing military physicians is an applied management problem with a high degree of human interest. Merging qualitative and

quantitative observations helped generate improved information for making recommendations on how to meet the needs of military physicians in respect to rewards within the resource constraints of a medical activity. This analysis served as the foundation for the third and final phase. Phase two was programmed to be accomplished during a two month window between 1 November 1990 and 31 December 1990.

The Third Phase is the Physician Relations and Recognition Phase. Phase three focused on writing recommendations to the MEDDAC Commander for action based on the information gathered and analyzed earlier. The recommendations made were compatible with the constraints and goals of the Fort Ord MEDDAC.

CHAPTER III

RESULTS

RESULTS

The recognition and reward survey and option listing was completed by 71 out of an available 82 military physicians assigned to the USA MEDDAC Fort Ord. The survey was conducted during the period of 16 November 1990 through 19 December 1990. Each survey response was broken down into four categories, based on the responding physicians rank and specialty area of concentration (AOC), i.e., total, AOC, rank, AOC by rank. Physician specialties were broken down into two categories, medical or surgical. Appendix D identifies the AOCs grouped under the categories of medicine and surgery.

The high response rate of 87 percent can be attributed to two factors: First, the DCCS, COL William F. P. Tuer III, endorsed a cover letter to the survey addressing its value and encouraging each physician to complete the survey and prioritize the reward and recognition options as instructed; Second, personal contact between the administrative resident and physicians during rotations through each clinical service provided an opportunity to ask questions related to

rewards and recognition to include a personal request to complete the survey. Persistence was the key to a successful response targeting military physicians.

Descriptive statistics are drawn from the nine item Likert scale questionnaire. In addition to the nine questions, each questionnaire contained demographic data identifying, gender, rank, and specialty. A total of twelve variables were drawn from each questionnaire.

Correlations were run applying all 71 cases and three background variables using MICROSTAT (Zenith Data Systems, Version 4). Table 1 provides a correlation matrix for all variables. Correlations greater than +/-.2335 were statistically significant, $P<.05$. The correlations did not provide particularly strong evidence of significant linear relationships between the attributes of interest, with the exception of Q4 and Rank, and Q6 and AOC. The relationship between Q4 and Rank was not particularly strong but does indicate that field grade officers have a higher level of satisfaction with recognition and rewards than company grade officers. The relationship between Q6 and AOC was not particularly strong but does indicate that physicians with medical AOCs feel it is more important that their peers know they

have been rewarded for superb service than it is for physicians with surgical AOCs.

Table 1

Correlation Matrix (Pearson's r)

MILITARY PHYSICIANS FORT ORD

	RANK	AOC	SEX
RANK	1.00		
AOC	-.05	1.00	
SEX	-.18	-.12	1.00
Q1	.22	.21	.05
Q2	.06	.08	.03
Q3	.09	-.10	-.10
Q4	.38	.23	-.13
Q5	.10	.17	-.04
Q6	.17	.36	-.09
Q7	.16	.12	-.09
Q8	.15	.18	.04
Q9	.03	.22	-.08

CRITICAL VALUE (2-tail, .05) = +/- .23335

Tables 2 through 10 provide key summary statistics associated with each of the nine survey questions.

Appendix E contains detailed descriptive summaries of the 15 medical officer groupings within each of the nine questions.

Table 2

Question 1: In your opinion, how well does the military system recognize and reward superior service?

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDs	71 of 82	1.79	0.73	1.0	4.0
ALL (SURG AOC)	16 of 18	1.50	0.82	1.0	4.0
ALL (MED AOC)	55 of 64	1.87	0.70	1.0	4.0

Response Code: 4 - Excellent; 3 - Very Good; 2 - Satisfactory; 1 - Poor

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Table 2 provides summary data for survey question 1. The results of question one indicate that on average a majority of military physicians have a less then satisfactory opinion of the military system for recognizing superb service. Appendix E provides a complete medical group listing with descriptive statistics for comparison. Captains with surgical AOCs, on average, revealed that the recognition system for superb services was poor (response mean 1.17). Colonels

with surgical AOCs, on average, rated the recognition process as satisfactory to good (response mean 2.33).

Table 3

Question 2: How much revision is need to bring the MEDDAC recognition and reward system to a viable level?

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.06	0.79	1.0	4.0
ALL(SURG AOC)	16 of 18	1.94	0.99	1.0	4.0
ALL(MED AOC)	55 of 64	2.09	0.70	1.0	4.0

Response Code: 1 - Major Revision
2 - Moderate Revision
3 - Minor Revision
4 - None

Table 3 provides summary data for survey question 2. The results of question two indicate that on average military physicians recognize that a moderate revision is needed to begin exercising a viable recognition and reward system. Appendix E provides a complete medical group listing with descriptive statistics for comparison. Captains with surgical AOCs believe a major to moderate revision is needed (response mean 1.67). Lieutenant

Colonels with surgical AOCs would be satisfied with a minor renovation (response mean 3.00).

Table 4

Question 3: How often should the MEDDAC formally recognize and reward superior performance?

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.62	1.10	1.0	4.0
ALL(SURG AOC)	16 of 18	2.81	1.17	1.0	4.0
ALL(MED AOC)	55 of 64	2.56	1.08	1.0	4.0

Response Code: 1 - Monthly; 2 - Bimonthly; 3 - Quarterly; 4 - Annually

Table 4 provides summary data for survey question three. The results of survey question three indicate that, on average, military physicians would prefer recognition for superb service as frequently as every two to four months (response mean of 2.62). Appendix E provides a complete medical group listing with descriptive statistics for comparison. Majors with surgical AOCs asked, on average, for recognition on a

monthly to bimonthly basis (response of 1.80). Colonels with surgical AOCs are satisfied with recognition on an annual basis (response of 4.0).

Table 5

Question 4: Do you feel you are receiving the recognition and rewards you deserve?

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.56	0.75	1.0	4.0
ALL(SURG AOC)	16 of 18	2.25	1.06	1.0	4.0
ALL(MED AOC)	55 of 64	2.65	0.62	1.0	4.0

Response Code: 4 - Always; 3 - Usually;
2 - Rarely; 1 - Never

Table 5 provides summary data for survey question four. The results of survey question four indicate that, on average, physicians are divided between declaring whether they receive the recognition they deserve (response of 2.56). Appendix E provides a complete medical group listing with descriptive statistics for comparison. Lieutenant Colonels, on average, are usually satisfied with the recognition they receive (response of 3.00). Captains with surgical AOCs are rarely to never

satisfied with receiving deserving rewards (response of 1.67). As noted earlier, there was a significant relationship between military rank and this question, with CPT's providing the lowest mean score (2.33) as compared with MAJ (2.82), LTC (3.00) and COL (2.50).

Table 6

Question 5: How important is it to you to be recognized and rewarded for superior performance?

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.70	0.87	1.0	4.0
ALL(SURG AOC)	16 of 18	2.44	0.96	1.0	4.0
ALL(MED AOC)	55 of 64	2.78	0.83	1.0	4.0

Response Code: 4 - Very Important; 3 - Important;
2 - Somewhat Important;
1 - Not Important

Table 6 provides summary data for survey question 5. The results of survey question 5 indicate that, on average, physicians report that it is important to somewhat important that they be recognized for superb service (response mean 2.70). Appendix E provides a complete medical group listing with descriptive

statistics for comparison. Colonels with surgical and medical AOCs, on average, have the highest need of all the groups for recognition (response mean 3.00). Captains with surgical AOCs, on average, find recognition to be somewhat important to important (response mean 2.33).

Table 7

Question 6: How important is it for your peers to know you have been recognized and rewarded for superior performance?

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.21	0.89	1.0	4.0
ALL(SURG AOC)	16 of 18	1.63	0.72	1.0	3.0
ALL(MED AOC)	55 of 64	2.38	0.87	1.0	4.0

Response Code: 4 - Very Important; 3 - Important;
2 - Somewhat Important;
1 - Not Important

Table 7 provides summary data for survey question 6. The results of question 6 indicate that, on average, military physicians in the medical AOC report that it is somewhat important to important that their peers know

they have been recognized for superb service (response mean 2.38) where as their peers in the surgical AOC did not feel as strongly about this issue (response mean 1.63). Of the nine questions this was the only one which exhibited a statistically significant difference between the means of the AOC groups, with $t(69)=3.14$, $p<.01$. This difference may be useful in dealing with the two groups. One assumption drawn from this finding may indicate that physicians with surgical AOCs have a lower need for peer recognition than physicians with medical AOCs because surgical service may produce a higher level of intrinsic reward. When considering rewards and recognition, supervisors should be aware that the needs of physicians in medical AOCs may be greater than those in surgical AOCs. Appendix E provides a complete medical group listing with descriptive statistics for comparison. Colonels with medical AOCs, on average, reported the highest need for peer recognition (response mean 2.80). Colonels with surgical AOCs consider peer recognition to be not important (response mean 1.00).

Table 8

Question 7: Do you feel that the recognition and rewards you receive are equitable in relation to those that other physicians receive for comparable performance?

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	3.20	0.90	1.0	4.0
ALL(SURG AOC)	16 of 18	3.00	0.89	2.0	4.0
ALL(MED AOC)	55 of 64	3.25	0.91	1.0	4.0

Response Code: 4 - Equitable; 3 - Somewhat Equitable; 2 - Not Equitable; 1 - No Comment

Table 8 provides summary data for survey question seven. The results of question seven indicate that, on average, military physician feel that the rewards they receive for superb service is somewhat equitable to equitable in relation to other military physicians (response mean 3.20). Appendix E provides a complete medical group listing with descriptive statistics, for comparison. Colonels with medical AOCs, on average, reported that their rewards are not equitable to somewhat equitable in comparison to other medical groups for comparable service (response mean of 2.80). Lieutenant

Colonels with medical AOCs, on average, had the highest satisfaction of the groups in terms of equitable rewards (response mean 3.73).

Table 9

Question 8: Do you feel that recognition and rewards motivate you to continue striving for superior performance?

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.69	0.93	1.0	4.0
ALL(SURG AOC)	16 of 18	2.38	0.96	1.0	4.0
ALL(MED AOC)	55 of 64	2.78	0.92	1.0	4.0

Response Code: 4 - Always; 3 - Usually;
2 - Rarely; 1 - Never

Table 9 provides summary data for survey question eight. The results of question eight indicate, on average, military physicians are divided on whether rewards motivate them to continue striving for superior performance by reporting rarely to usually (response mean 2.69). Appendix E provides a complete medical group listing with descriptive statistics for comparison. Colonels with medical AOCs reported, on average, that

rewards always to usually motivate them to provide superior performance (response mean 3.60). Colonels and Majors with surgical AOCs, on average, indicated that rewards are rarely motivational (response mean 2.00).

Table 10

Question 9: How would you feel about establishing productivity and performance goals that are directly tied to rewards?

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.85	1.31	1.0	5.0
ALL(SURG AOC)	16 of 18	2.31	1.20	1.0	5.0
ALL(MED AOC)	55 of 64	3.00	1.31	1.0	5.0

Response Code: 5 - Strongly Agree; 4 - Agree
3 - Neutral; 2- Disagree
1 - Strongly Disagree

Table 10 provides summary data for survey question nine. The results of question nine indicate, on average, that military physicians would either not agree or remain neutral to the idea of tying rewards to productivity and performance goals (response mean 2.85). Appendix E provides a complete medical group listing with

descriptive statistics for comparison. Colonels with medical AOCs agree to strongly agree that rewards should be tied to productivity and performance goals (response mean 4.20). Majors with surgical AOCs, on average, disagree with tying rewards to productivity.

Table 11

Recognition and Reward Options

Priority (All Physicians)

1. TDY Funded
2. Medal e.g. ARCOM
3. Letter of Appreciation
4. TDY Permissive
5. PASS e.g. 3-4 Days
6. Compliment/Pat-On-The-Back
7. Recognition by the Commander
8. Recognition by the Department Chief
9. Self Determination in Clinic Scheduling
10. Dedicated Typing Support

Table 11 provides a prioritized summary of the top ten reward options preferred, on average, by military physicians at Silas B. Hays Army Community Hospital.

Appendix F provides a detailed priority listing by medical group of reward and recognition options available at the MTF level.

The overall results reveal that generally physicians feel that the current system for recognizing and rewarding superb performance does not meet their needs and should be revised. Military physicians want to be recognized for their service and are disappointed in what appears to be an inequitable system, e.g., line units are more liberal with rewards than MEDDACs, MSC and ANC officers receive more ribbons than medical officers. Most physicians feel that productivity goals should not be tied to rewards. They feel that recognition and rewards should be based on skill, compassion, clinical acumen, work ethic, and interpersonal skills per the evaluation of their supervisor. When asked to prioritize the top five recognition and reward options consistent with the capability of a MEDDAC Commander, they said, "(1) Funded TDY, (2) Medal eg. ARCOM, (3) Letters of Appreciation, (4) Permissive TDY, and (5) Pass."

CHAPTER IV

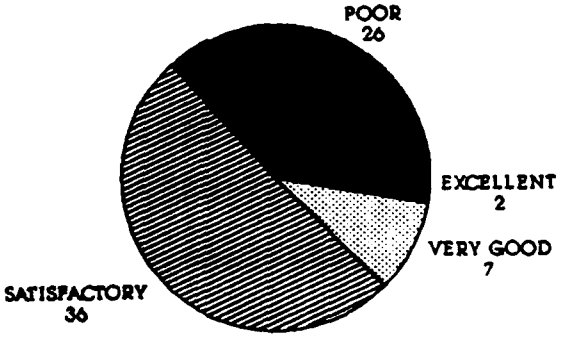
DISCUSSION

Discussion

The majority of military physicians give the Fort Ord MEDDAC low scores for recognizing and rewarding superb performance, as figure 1 reveals. As a group they feel that the system will require a moderate overhaul in order to begin systematically providing appropriate recognition and rewards.

Figure 1

MEDDAC Performance-Recognition and Rewards ALL Physicians



NUMBER SURVEYED: 71

One Colonel observed that in most cases, awards are given to Medical Corps officers when they PCS. This practice is not productive considering the fact that an assignment may last anywhere from two to four years. Recognizing and rewarding superb performance should not

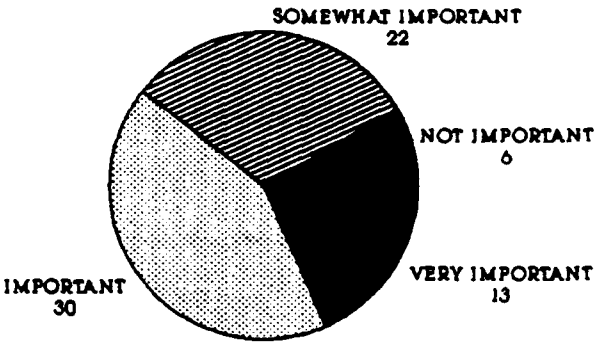
wait until the individual is assigned to another post. A better effort should be made by supervisors to provide impact awards and other recognition and reward alternatives rather then wait for end of assignment service awards. Another Colonel had a strong view that the awards given by the Army were neither productive nor equitable. This Colonel believed awards are given by 'those who have lots of time, know the ropes, and have not done any magnitude of achievement.' The Colonel also stated, 'those deserving of rewards rarely get them, and when they do, they look around and see that someone who really doesn't deserve an award has gotten one, which is as important or even more important than theirs.' One physician observed that there was a noticeably uniform discrepancy in the number of ribbons worn by his Corps and all others. Physicians that had duty with line units observed that MEDDACs were very conservative providing awards in contrast to line units that were liberal in recognizing superb performance. Because of the discouraging prospect of being appropriately recognized for superb service in the military system, many

physicians are resigned to the belief that the only recognition they will receive will come from the patient and their own sense of self worth and accomplishment.

When asked how often should the MEDDAC formally recognize and reward superior performance, the general consensus was on a quarterly basis. This interval fits in line with the responsibility supervisors have in providing, at a minimum, quarterly assessments of an individuals performance. Unfortunately, recurring feedback does not appear to be happening. Some of the physicians indicated that annual officer efficiency reports were the only avenue of feedback they received. One Captain stated, "We need a quarterly 'heads up' from the rater about job performance, opinions from co-workers, and areas and means of improvement."

The majority of physicians indicated that it is important to be recognized and rewarded for superior performance as figure 2 reveals.

Figure 2: Importance of Recognition - All Physicians



NUMBER SURVEYED: 71

A Lieutenant Colonel reported "most people probably don't feel they receive the recognition they deserve". Another physician harbors the resentment of never being recognized for shooting "Expert" with the 9mm Biretta within the last year. One physician stated, "The only rewards that come our way are the copies of complimentary patient letters". Most of the physicians feel that the recognition they receive is equitable in relation to those that other physicians receive for comparable performance. However, most physicians perceive that

nurses and medical service officers received a disproportionate share of recognition and rewards within a MEDDAC.

When asked to evaluate whether recognition and rewards provided a motivational incentive, more physicians believe it does than doesn't. See figure 3. However, the general opinion was that most of the

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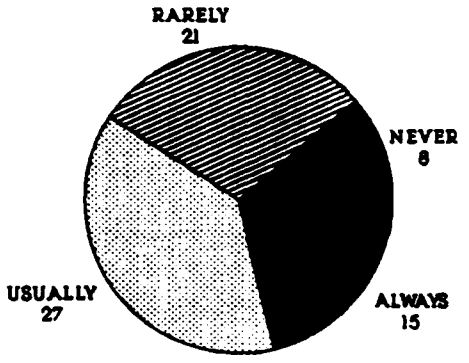
Figure 3: Motivation Value of Recognition and Rewards



NUMBER SURVEYED: 71

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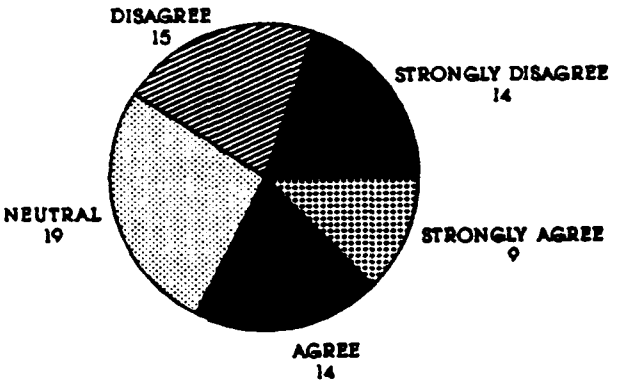
rewards are internalized or come directly from patients, and not from administrative recognition.

When asked how they would feel about establishing productivity and performance goals, with their raters, that are directly tied to rewards, the majority of the

responses were neutral, disagree, or strongly disagree. See figure 4.

Figure 4: Performance Goals Tied to Rewards and Recognition



NUMBER SURVEY: 71

This question drew a lot of strong negative opinions. They felt it would be too hard to quantify good patient care. Elements of superior performance by a physician consist of unquantifiable qualities such as empathy, clinical acumen, skill in diagnosis, and therapy. The belief was that if you hinge rewards to productivity, then you don't recognize any of the most critical qualities of a physician. One physicians view on this matter was that productivity and performance goals are

more directly related to personal impetus and ones own idea of what constitutes a standard of care. External rewards at this level should not be necessary to stimulate excellence and improve job performance. One physician asked, 'What exactly are the standards of improved job performance? Is it to increase the number of patients seen in the clinic, or is it to ensure a patients medical problems are adequately addressed as well as psycho-social needs'. Another physicians stated, 'Standardized goals and rewards create yet another race and do not necessarily help one attain the goals generally considered inherent to good medical care'. The idea that there are too many variables related to establishing productivity and performance goals for physicians was repeated many times.

Prioritized recognition and reward options (see Table 11) revealed that physicians of various rank and specialty have different views and needs. Even though common preference for particular rewards emerged within each group, it should be realized that each individual associated with the group has a unique and personal preference. The prioritized groupings should serve as a starting point, however, individual needs and

wants must be understood by a supervisor before preceding to provide specific recognition.

The reward option emerging with the highest priority was temporary duty (TDY) funded by the MEDDAC. TDY funding at the MEDDAC level is consistently underfunded. TDY is normally broken down into two categories, i.e., mission and training. Mission TDY for a physician may include taking board exams and is normally funded. After programming for mission travel, the balance is available for training, e.g., continuing medical education. The DCCS normally has control over TDY training funds for use by military physicians. The DCCS has the authority to formulate a policy addressing allocation of TDY funds for training. This presents an opportunity to tie TDY funding to performance which may serve to promote competition among physicians for the funds based on performance and productivity.

The other recognition options receiving high scores are not constrained by funding, as was TDY. The prioritized list of the top ten recognition and reward options identified by all the military physicians responding to the survey is at Table 11. The priority

assigned the various recognition and reward options varies among physicians of different rank and AOC. The specific priority per rank and AOC is provided in appendix F.

Specific comments by physicians concerning the various reward options provided interesting insight. For example, when it comes to TDY, one Colonel indicated that the current system does not equitably prioritize the funds. Another senior physician feels that in respect to TDY, the military system is not living up to an unspoken obligation to physicians. A Captain stated, "Funded TDY is supposedly a right of ours already, yet we rarely get any due to funding. Don't worsen a bad situation by making MD's compete for it".

A general consensus surfaced that recognition and rewards that are "written" are the most appreciated. Letters of appreciation and medals were highly regarded. However, one senior physicians indicated that they are too busy to generate the paperwork needed to produce the award. Others stated that when written recognition is provided, it is important that the citation or narrative be meaningful by specifically addressing the accomplishment. One should deserve the reward. Standard

rewards delivered on a recurring basis may lose their meaning. Rewards tend to be more meaningful when delivered on an as earned basis.

One subspecialist felt that in the busy environment of a MEDDAC sometimes what they do, however well, is not understood and therefore not recognized. This individual stated, 'perhaps supervisors need to pay a bit more attention to these staff members.'.

Compliments and feedback were frequently identified as an easy and meaningful gesture of appreciation. In addition, the idea of being recognized at special times, such as a report at the executive committee, or in view of others at Commanders Call and department meetings was frequently identified as positive.

A Lieutenant Colonel reported that rewards as motivators may best be done below the hospital level. When a supervisor takes the time to compliment good service and provide feedback, it helps generate a sense of value and appreciation.

One physician pleaded for secretarial support, working phones, and less daily annoyances and obstruction in the way of doing his job. Several physicians indicated an interest in participating at executive level

meetings to make suggestions and give input. They hoped this would permit closer contact between upper level officers.

Appropriate and timely recognition and rewards can go a long way toward improving morale for physicians.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

A valuable lesson learned from this research is that a great amount of information can be gained by simply asking a group of employees how they felt about an issue. Through this study, the initiative was taken to ask military physicians how they feel about recognition and rewards offered at the MEDDAC level. The research revealed that military physicians generally perceive there is a problem recognizing and rewarding military physicians. In addition, by asking physicians to identify and prioritize meaningful recognition and reward options, it provided constructive ideas of what they would like within the constraints of a MEDDAC. These findings are significant because they present the opportunity for the MEDDAC leadership to renew the focus on the value of rewards and recognition.

Holley and Jennings (1984) reported that one aspect of good human resource management is that high performance should lead to rewards and that rewards are considered causes of job satisfaction. In addition, if employees perceive the consequences of their performance

to be inequitably rewarded, the dissatisfaction caused by this inequity can result in a reduction of effort and lower performance.

According to Holley and Jennings, the consequences of not providing military physicians appropriate and equitable rewards may be a reduction in effort and lower performance. In the case of military physicians, failing to meet their recognition needs and wants may contribute to a decline in job satisfaction which may have a negative impact on the MEDDAC, the patient, and HSC. The potential value of appropriately recognizing physicians for superb performance may be improved morale, improved retention, and improved productivity.

Leadership is the key to successfully managing a viable reward and recognition program. One physician stated 'Recognition can't be legislated. It comes from a responsible chain of command with their eyes open'. A responsible chain of command that has a clear focus on treating good employees well by using all the resources and options available, will be on track with quality management. Quality management may lead to improved relations with military physicians which may enhance job satisfaction and productivity.

Recommendation

The objective of the recommendations is to help provide a leadership focus on renewing responsibility for appropriately rewarding good employees, e.g., military physicians. These recommendations are drawn from interviews with physicians and current literature. The recommendations are in support of the MEDDAC Commander's leadership philosophy of quality improvement.

In an article in Healthcare Forum, January/February 1991, titled, "Getting Peak Performance in the Knowledge Based Organization" authors Carol Dubnicki and James B. Williams describe recommended management styles for introducing and implementing change, e.g., renewing a focus on rewards. When a Commander is ready to introduce change he should be authoritative. A Commander with an authoritative management style is "better able to motivate the staff by giving clear directions that explain the 'whys' behind the decision in terms of the interest of the organization". As an authoritative manager, the Commander would be expected to monitor performance closely and provide both negative and positive feedback. Implementation of the Commander's vision is the responsibility of the respective department

and service chiefs. The recommended management style for implementing change is 'coach'. A coach will ask each physician to set their own goals, develop plans, and identify solutions to problems. Coach managers regularly monitor performance and give feedback on 'how to do it better'. A coach will reward both good results and improvement.

The following recommendations are provided to help facilitate both the vision and implementation of a recognition program for military physicians:

1. Commander applies an authoritative management style.

a. Commander releases a MEDDAC Policy clearly outlying the expectation that good performance will be recognized and rewarded.

b. Commander directs all supervisors to include an OER objective that supports his recognition and rewards policy.

c. Commander periodically communicates his vision of the value of recognition and rewards to the MEDDAC staff via morning report, Commanders Call, professional and administrative meetings.

d. Commander periodically conducts sensing sessions with the staff discussing recognition and rewards as a function of performance. This could be accomplished through 'management by walking around'.

2. Supervisors of military physicians use a 'coach' style of management.

a. Supervisor asks physicians individually what motivates them so that it can be provided when appropriate.

b. Supervisor requires each physician to set performance and productivity goals to which rewards can be directly tied. The concern of compromising quality for quantity should be alleviated at this time. The supervisor facilitates this task by providing manpower standard data and sharing his/her experience as a physician on what would be appropriate.

c. Supervisor ensures that quarterly performance assessments are conducted with each physician.

d. Supervisors recognize superior performance as it occurs with appropriate verbal, written, and tangible rewards.

Major General John E. Major stated, 'When good people are treated well and appropriately recognized, they respond with superb performance'. Leadership can make a difference.

CHAPTER VI

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APPENDIX A

SURVEY QUESTIONS

NAME: (To be completed by surveyor in advance.)

GRADE: (To be completed by surveyor in advance.)

SPECIALITY: (To be completed by surveyor in advance.)

THE PURPOSE OF THIS SURVEY IS TO SOLICIT OPINIONS FROM MILITARY PHYSICIANS ABOUT BOTH INDIVIDUAL RECOGNITION AND REWARDS (NON-MONETARY) AND THE MEDDACS SYSTEMATIC APPROACH TOWARD RECOGNIZING AND REWARDING SUPERIOR PERFORMANCE.

ETHICS STATEMENT: Names are used as a control to ensure that all military physicians have responded. However, the names will not be revealed in the report of findings. The findings will only reveal aggregate numbers associated with specialty and grade.

PLEASE ANSWER EACH QUESTION BY CIRCLING THE APPROPRIATE RESPONSE.

1. In your opinion, does the "MEDDAC" do well rewarding and recognizing superior service?
   Excellent/Good/Acceptable/Marginal/Poor
2. How much revision is needed to bring the MEDDAC recognition and reward system to a viable level?
   Major/Moderate/Minor/None
3. How often should the MEDDAC formally recognize and reward superior performance?

Monthly/Bimonthly/Quarterly/Annually

4. Do you feel you are receiving the recognition and rewards you deserve?

   Almost Always/Often/Occasionally/Rarely

5. How important is it to you to be recognized and rewarded for superior performance?

   Very/Important/Somewhat/Not

6. How important is it for your peers to know you have been recognized and rewarded for superior performance?

   Very/Important/Somewhat/Not

7. Do you feel that the recognition and rewards you receive are equitable in relation to those that others receive for comparable performance?

   Equitable/Somewhat Equitable/Not Equitable

8. Do you feel that recognition and rewards motivate you to continue striving for superior performance?

   Always/Usually/Rarely/Never

9. How would you feel about establishing productivity and performance goals with your rater that are directly tied to rewards?

   Strongly agree/agree/neutral/disagree/strongly disag

   COMMENTS: (Feel free to comment on any of the above

questions. Use the following space and back of page if necessary):

APPENDIX B

REWARD AND RECOGNITION OPTIONS

LIST POSSIBLE REWARDS AND RECOGNITION OPTIONS:

The following is a random listing of relatively non-monetary reward and recognition options. It was developed through a combination of literature review and brainstorming. There is space available to add other options.

INSTRUCTIONS: Review the list and add other options that may be meaningful. Finally, rank order the **TOP TEN** options: 1 for most meaningful, etc

____ Smile/Feedback

____ Pat on the back

____ Self determination in choosing a clinic schedule

____ Recognition within the unit

____ Priority for permissive TDY

____ Special report by the chief to the MEDDAC Exec CMT

____ Reserved parking space near the entrance

____ Recognition at Commanders Call

____ Lunch with the Commander or DCCS

____ Army Achievement Medal

____ Letter of Appreciation

____ Rotating plaque

____ Dedicated secretarial/typing support (Temporary)

_____ Recognition in Daily Bulletin, Panorama, or Mercury

OTHERS: (Please add other recognition/reward options that would be meaningful).

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

APPENDIX C

SURVEY COVER LETTER

S: 1 December 1990

HSXT-AR 16 November 1990

MEMORANDUM FOR All Military Physicians

SUBJECT: Recognition and Rewards for Military Physicians

1. A study to determine the most effective way of recognizing and rewarding physicians is being conducted by the Administrative Resident, Major Jay Clark. The expected findings will address how military physicians of varying rank and speciality feel about being recognized and rewarded for their services, to include identifying meaningful and innovative reward options. It has the potential of making a positive impact on physician relations.

2. This project has my full endorsement. I want you to support Major Clark in this effort by completing the attached questionnaire and return it by 1 December 1990.

3. If you have any questions, feel free to call or visit the Administrative Resident, Major Jay Clark, at telephone number 2-4885, located in room 2-02-017, Silas B. Hays Army Community Hospital.

Thanks!

WILLIAM F. P. TUER
COL, MC
Deputy Commander for
Clinical Services

2 Encls
1. Questionnaire
2. Recog/Reward List

APPENDIX D

AOC DISTRIBUTION

AOC DISTRIBUTION

MEDICAL (AOC)		SURGICAL (AOC)	
60B	Nuclear Medicine	60J	OB/GYN
60C	Preventive Medicine	60K	Urologist
60P	Pediatrician	60N	Anesthesiologist
60L	Dermatologist	60T	Otolaryngologist
60M	Allergist	61J	General Surgeon
60W	Psychiatrist	61M	Orthopedic Surgeon
61F	Internist		
61H	Family Physician		
61N	Flight Surgeon		
61R	Radiologist		
61U	Pathologist		
62B	Field Surgeon		

APPENDIX E

DETAILED DESCRIPTIVE STATISTICS FOR EACH SURVEY QUESTION

Descriptive Statistics

Question One: In your opinion, how well does the military system recognize and reward superior service?

Response Code: 4 - Excellent; 3 - Very Good; 2 - Satisfactory; 1 - Poor

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDs	71 of 82	1.79	0.73	1.0	4.0
COLONELS	8 of 10	1.86	0.99	1.0	4.0
COL(SURG AOC)	3 of 3	2.33	1.53	1.0	4.0
COL(MED AOC)	5 of 7	1.60	0.55	1.0	2.0
LT. COLONELS	11 of 13	2.00	0.89	1.0	4.0
LTC(SURG AOC)	2 of 4	1.50	0.71	1.0	2.0
LTC(MED AOC)	9 of 9	2.11	0.93	1.0	4.0
MAJORS	22 of 24	1.91	0.68	1.0	3.0
MAJ(SURG AOC)	5 of 5	1.40	0.55	1.0	2.0
MAJ(MED AOC)	17 of 19	2.06	0.66	1.0	3.0
CAPTAINS	30 of 35	1.60	0.62	1.0	3.0
CPT(SURG AOC)	6 of 6	1.17	0.41	1.0	2.0
CPT(MED AOC)	24 of 29	1.71	0.62	1.0	3.0
ALL(SURG AOC)	16 of 18	1.50	0.82	1.0	4.0
ALL(MED AOC)	55 of 64	1.87	0.70	1.0	4.0

Question Two:

How much revision is needed to bring the MEDDAC recognition and reward system to a viable level?

Response Code: 1 - Major Revision

2 - Moderate Revision

3 - Minor Revision

4 - None

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.06	0.79	1.0	4.0
COLONELS	8 of 10	2.13	0.83	1.0	4.0
COL(SURG AOC)	3 of 3	2.33	1.53	1.0	4.0
COL(MED AOC)	5 of 7	2.00	0.00	2.0	2.0
LT. COLONELS	11 of 13	2.27	1.10	1.0	4.0
LTC(SURG AOC)	2 of 4	3.00	1.41	2.0	4.0
LTC(MED AOC)	9 of 9	2.11	1.05	1.0	4.0
MAJORS	22 of 24	2.00	0.53	1.0	3.0
MAJ(SURG AOC)	5 of 5	1.60	0.55	1.0	2.0
MAJ(MED AOC)	17 of 19	2.12	0.49	1.0	3.0
CAPTAINS	30 of 35	2.00	0.83	1.0	4.0
CPT(SURG AOC)	6 of 6	1.67	0.82	1.0	3.0
CPT(MED AOC)	24 of 29	2.08	0.83	1.0	4.0
ALL(SURG AOC)	16 of 18	1.94	0.99	1.0	4.0
ALL(MED AOC)	55 of 64	2.09	0.70	1.0	4.0

Question Three:

How often should the MEDDAC formally recognize and reward superior performance?

Response Code: 1 - Monthly

2 - Bimonthly

3 - Quarterly

4 - Annually

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.62	1.10	1.0	4.0
COLONELS	8 of 10	3.75	0.71	2.0	4.0
COL(SURG AOC)	3 of 3	4.00	0.00	4.0	4.0
COL(MED AOC)	5 of 7	3.60	0.89	2.0	4.0
LT. COLONELS	11 of 13	2.64	1.21	1.0	4.0
LTC(SURG AOC)	2 of 4	3.50	0.71	3.0	4.0
LTC(MED AOC)	9 of 9	2.44	1.24	1.0	4.0
MAJORS	22 of 24	2.36	1.14	1.0	4.0
MAJ(SURG AOC)	5 of 5	1.80	1.10	1.0	3.0
MAJ(MED AOC)	17 of 19	2.53	1.12	1.0	4.0
CAPTAINS	30 of 35	2.50	0.97	1.0	4.0
CPT(SURG AOC)	6 of 6	2.83	0.98	1.0	4.0
CPT(MED AOC)	24 of 29	2.42	0.97	1.0	4.0
ALL(SURG AOC)	16 of 18	2.81	1.17	1.0	4.0
ALL(MED AOC)	55 of 64	2.56	1.08	1.0	4.0

Question Four:

Do you feel you are receiving the recognition and rewards you deserve?

Response Code: 4 - Always

3 - Usually

2 - Rarely

1 - Never

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.56	0.75	1.0	4.0
COLONELS	8 of 10	2.50	1.07	1.0	4.0
COL(SURG AOC)	3 of 3	2.33	1.53	1.0	4.0
COL(MED AOC)	5 of 7	2.60	0.89	2.0	4.0
LT. COLONELS	11 of 13	3.00	0.63	2.0	4.0
LTC(SURG AOC)	2 of 4	3.50	0.71	3.0	4.0
LTC(MED AOC)	9 of 9	2.89	0.60	2.0	4.0
MAJORS	22 of 24	2.82	0.50	1.0	3.0
MAJ(SURG AOC)	5 of 5	2.40	0.89	1.0	3.0
MAJ(MED AOC)	17 of 19	2.94	0.24	2.0	3.0
CAPTAINS	30 of 35	2.23	0.73	1.0	3.0
CPT(SURG AOC)	6 of 6	1.67	0.82	1.0	3.0
CPT(MED AOC)	24 of 29	2.38	0.65	1.0	3.0
ALL(SURG AOC)	16 of 18	2.25	1.06	1.0	4.0
ALL(MED AOC)	55 of 64	2.65	0.62	1.0	4.0

Question Five:

How important is it to you to be recognized and rewarded for superior performance?

Response Code: 4 - Very Important

3 - Important

2 - Somewhat Important

1 - Not Important

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.70	0.87	1.0	4.0
COLONELS	8 of 10	3.00	1.07	1.0	4.0
COL(SURG AOC)	3 of 3	3.00	1.73	1.0	4.0
COL(MED AOC)	5 of 7	3.00	0.71	2.0	4.0
LT. COLONELS	11 of 13	2.73	1.01	1.0	4.0
LTC(SURG AOC)	2 of 4	3.00	1.41	2.0	4.0
LTC(MED AOC)	9 of 9	2.67	1.00	1.0	4.0
MAJORS	22 of 24	2.73	0.88	1.0	4.0
MAJ(SURG AOC)	5 of 5	2.00	0.71	1.0	3.0
MAJ(MED AOC)	17 of 19	2.94	0.83	1.0	4.0
CAPTAINS	30 of 35	2.60	0.77	1.0	4.0
CPT(SURG AOC)	6 of 6	2.33	0.52	2.0	3.0
CPT(MED AOC)	24 of 29	2.67	0.82	1.0	4.0
ALL(SURG AOC)	16 of 18	2.44	0.96	1.0	4.0
ALL(MED AOC)	55 of 64	2.78	0.83	1.0	4.0

Question Six:

How important is it for your peers to know you have been recognized and rewarded for superior performance?

Response Code: 4 - Very Important

3 - Important

2 - Somewhat Important

1 - Not Important

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.21	0.89	1.0	4.0
COLONELS	8 of 10	2.13	1.13	1.0	4.0
COL(SURG AOC)	3 of 3	1.00	0.00	1.0	1.0
COL(MED AOC)	5 of 7	2.80	0.84	2.0	4.0
LT. COLONELS	11 of 13	2.45	0.93	1.0	4.0
LTC(SURG AOC)	2 of 4	2.00	1.41	1.0	3.0
LTC(MED AOC)	9 of 9	2.56	0.88	2.0	4.0
MAJORS	22 of 24	2.36	0.85	1.0	4.0
MAJ(SURG AOC)	5 of 5	1.80	0.84	1.0	3.0
MAJ(MED AOC)	17 of 19	2.53	0.80	1.0	4.0
CAPTAINS	30 of 35	2.03	0.85	1.0	4.0
CPT(SURG AOC)	6 of 6	1.67	0.52	1.0	2.0
CPT(MED AOC)	24 of 29	2.13	0.90	1.0	4.0
ALL(SURG AOC)	16 of 18	1.63	0.72	1.0	3.0
ALL(MED AOC)	55 of 64	2.38	0.87	1.0	4.0

Question Seven:

Do you feel that the recognition and rewards you receive are equitable in relation to those that other physicians receive for comparable performance?

Response Code: 4 - Equitable 3 - Somewhat Equitable 2 - Not Equitable 1- No Comment

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	3.20	0.90	1.0	4.0
COLONELS	8 of 10	2.75	1.39	1.0	4.0
COL(SURG AOC)	3 of 3	2.67	1.15	2.0	4.0
COL(MED AOC)	5 of 7	2.80	1.64	1.0	4.0
LT. COLONELS	11 of 13	3.73	0.47	3.0	4.0
LTC(SURG AOC)	2 of 4	3.50	0.71	3.0	4.0
LTC(MED AOC)	9 of 9	3.78	0.44	3.0	4.0
MAJORS	22 of 24	3.32	0.78	1.0	4.0
MAJ(SURG AOC)	5 of 5	3.20	0.84	2.0	4.0
MAJ(MED AOC)	17 of 19	3.35	0.79	1.0	4.0
CAPTAINS	30 of 35	3.03	0.89	1.0	4.0
CPT(SURG AOC)	6 of 6	2.83	0.98	2.0	4.0
CPT(MED AOC)	24 of 29	3.08	0.88	1.0	4.0
ALL(SURG AOC)	16 of 18	3.00	0.89	2.0	4.0
ALL(MED AOC)	55 of 64	3.25	0.91	1.0	4.0

Question Eight:

Do you feel that recognition and rewards motivate you to continue striving for superior performance?

Response Code: 4 - Always

3 - Usually

2 - Rarely

1 - Never

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.69	0.93	1.0	4.0
COLONELS	8 of 10	3.00	1.31	1.0	4.0
COL(SURG AOC)	3 of 3	2.00	1.73	1.0	4.0
COL(MED AOC)	5 of 7	3.60	0.55	3.0	4.0
LT. COLONELS	11 of 13	2.64	0.92	1.0	4.0
LTC(SURG AOC)	2 of 4	3.00	1.41	2.0	4.0
LTC(MED AOC)	9 of 9	2.56	0.89	1.0	4.0
MAJORS	22 of 24	2.82	0.85	1.0	4.0
MAJ(SURG AOC)	5 of 5	2.00	0.71	1.0	3.0
MAJ(MED AOC)	17 of 19	3.06	0.75	2.0	4.0
CAPTAINS	30 of 35	2.53	0.90	1.0	4.0
CPT(SURG AOC)	6 of 6	2.67	0.52	2.0	3.0
CPT(MED AOC)	24 of 29	2.50	0.98	1.0	4.0
ALL(SURG AOC)	16 of 18	2.38	0.96	1.0	4.0
ALL(MED AOC)	55 of 64	2.78	0.92	1.0	4.0

Question Nine:

How would you feel about establishing productivity and performance goals that are directly tied to rewards?

Response Code: 5 - Strongly Agree 4 - Agree

3 - Neutral 2 - Disagree

1 - Strongly Disagree

GROUP	Sample Size	Mean	Std. Dev	Min	Max
ALL MDS	71 of 82	2.85	1.31	1.0	5.0
COLONELS	8 of 10	3.50	1.60	1.0	5.0
COL(SURG AOC)	3 of 3	2.33	2.31	1.0	5.0
COL(MED AOC)	5 of 7	4.20	0.45	4.0	5.0
LT. COLONELS	11 of 13	3.18	1.54	1.0	5.0
LTC(SURG AOC)	2 of 4	2.50	2.12	1.0	4.0
LTC(MED AOC)	9 of 9	3.33	1.50	1.0	5.0
MAJORS	22 of 24	2.50	1.10	1.0	5.0
MAJ(SURG AOC)	5 of 5	2.00	0.71	1.0	3.0
MAJ(MED AOC)	17 of 19	2.65	1.17	1.0	5.0
CAPTAINS	30 of 35	2.80	1.24	1.0	5.0
CPT(SURG AOC)	6 of 6	2.50	0.84	1.0	3.0
CPT(MED AOC)	24 of 29	2.86	1.33	1.0	5.0
ALL(SURG AOC)	16 of 18	2.31	1.20	1.0	5.0
ALL(MED AOC)	55 of 64	3.00	1.31	1.0	5.0

APPENDIX F

DETAILED REWARD OPTION PRIORITY RANKING BY MILITARY PHYSICIAN GROUP

Reward Options - Priority Ranking by Physician Category.

Rank number 1 equals first choice...10 equals last choice.

I: Military physicians regardless of rank and/or speciality. (Number responding: 71 out of 82)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	30	8	7	7	4	1	2	1	0	2
2	MEDAL eg. ARCOM	13	14	8	7	4	9	1	3	0	2
3	LETTER OF APPREC.	3	13	9	11	7	7	7	3	3	1
4	TDY PERMISSIVE	1	12	13	12	6	2	1	2	3	4
5	PASS 3-4 DAYS	7	14	7	3	3	2	4	0	0	0
6	COMPLIMENT/FEEDBACK	8	1	5	6	6	5	5	10	7	3
7	RECOG. AT CDR CALL	2	2	3	6	8	2	5	7	6	4
8	RECOG. IN CLINIC	1	2	3	4	6	7	2	9	5	3
9	CLINIC SCHEDULE	4	3	3	3	3	4	2	4	3	1
10	DEDICATED TYPING	1	0	4	2	6	3	4	2	4	3
11	NEWSPAPER RECOG.	0	1	1	4	4	4	5	3	4	9
12	EXEC. CMT. REPORT	0	1	3	2	1	6	7	2	5	3
13	ROTATING PLAQUE	0	2	2	2	2	3	3	2	5	3
14	LUNCH w/DCCS/CDR	0	2	1	2	2	3	1	1	5	9
15	PARKING RESERVED	1	1	1	0	4	0	3	4	0	5

II: Military physicians with the rank of Colonel, regardless of speciality.

(Number responding: 8 out of 9)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	4	1	0	1	0	0	0	0	0	0
2	RECOG. AT CDR CALL	2	0	1	1	2	0	0	1	0	0
3	LETTER OF APPREC.	0	2	1	1	1	1	0	0	0	0
4	RECOG. IN CLINIC	1	0	0	2	0	1	0	0	2	0
5	MEDAL eg. ARCOM	1	1	0	1	0	1	0	0	0	1
6	PERMISSIVE TDY	1	0	0	2	0	1	0	0	2	0
7	NEWSPAPER RECOG.	0	0	1	0	1	0	1	1	0	0
8	COMPLIMENT/FEEDBACK	0	0	1	1	0	0	0	1	1	0
9	LUNCH w/CDR/DCCS	0	1	0	0	0	1	1	0	0	1
10	PASS 3-4 DAYS	0	1	1	0	0	0	0	0	0	0
11	CLINIC SCHEDULE	0	1	0	0	0	1	0	1	0	0
12	PARKING RESERVED	0	0	1	0	0	0	1	1	0	0
13	EXEC. CMT REPORT	0	0	0	0	0	0	2	0	0	0
14	DEDICATED TYPING	0	0	0	0	1	0	0	0	0	0
15	ROTATING PLAQUE	0	0	0	0	0	0	0	0	0	0

III: Military physicians with the rank of LTC, regardless of specialty.

(Number responding: 11 out of 14)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	COMPLIMENT/FEEDBACK	3	1	0	1	2	0	2	1	1	0
2	LETTER OF APPREC.	1	3	1	2	0	1	0	1	1	1
3	TDY PERMISSIVE	0	2	3	1	3	0	0	0	0	1
4	TDY FUNDED	0	2	3	1	3	0	0	0	0	1
5	MEDAL eg. ARCOM	2	1	1	1	0	1	2	0	0	0
6	RECOG. AT CDR CALL	0	1	1	2	0	0	1	3	2	0
7	RECOG. IN CLINIC	0	2	1	0	0	4	0	0	0	0
8	EXEC. CMT REPORT	0	0	1	0	1	2	2	0	2	0
9	PASS 3-4 DAYS	0	2	1	0	0	0	1	0	0	0
10	ROTATING PLAQUE	0	2	1	0	0	0	0	0	1	1
11	RECOG. in PAPER	0	1	0	1	1	0	0	1	0	4
12	DEDICATED TYPING	0	0	0	0	3	1	0	0	1	0
13	CLINIC SCHEDULE	1	0	0	0	0	1	1	0	0	1
14	LUNCH w/DCCS/CDR	0	1	0	0	0	1	0	1	0	0
15	PARKING RESERVED	0	1	0	0	0	0	0	0	0	2

IV: Military physicians with rank of Major, regardless of specialty.

(Number responding: 22 out of 24)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	10	2	2	1	2	1	0	1	0	0
2	MEDAL eg. ARCOM	2	7	2	2	1	2	0	1	0	1
3	LETTER OF APPREC.	1	3	2	3	4	2	3	0	1	0
4	PERMISSIVE TDY	0	3	5	5	0	0	1	1	1	1
5	PASS 3-4 DAYS	2	6	3	0	1	0	1	0	0	0
6	COMPLIMENT/FEEDBACK	3	0	3	2	0	0	2	3	2	3
7	CLINIC SCHEDULE	3	0	2	2	1	2	0	1	0	0
8	DEDICATED TYPING	1	0	1	1	2	1	4	0	0	0
9	RECOG. IN CLINIC	0	0	0	1	3	1	0	5	2	0
10	RECOG. CDRs CALL	0	0	1	2	2	1	1	0	1	3
11	RECOG. NEWSPAPER	0	0	0	2	0	2	1	0	2	1
12	ROTATING PLAQUE	0	0	1	0	2	1	0	0	2	2
13	EXEC. CMT REPORT	0	0	0	0	0	4	1	0	0	1
14	PARKING RESERVED	0	0	0	0	1	0	2	2	0	1
15	LUNCH w/CDR/DCCS	0	0	0	0	0	0	0	0	3	2

V: Military physicians with rank of Captain, regardless of AOC.

(Number responding: 30 out of 32)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	12	5	4	3	2	0	1	0	0	1
2	MEDAL eg. ARCOM	8	5	5	3	3	5	1	0	0	0
3	LETTER OF APPREC.	1	5	5	5	2	3	4	2	1	0
4	PERMISSIVE TDY	1	6	4	6	2	1	0	1	2	2
5	PASS 3-4 DAYS	5	4	2	3	2	2	2	0	0	0
6	COMPLIMENT/FEEDBACK	2	0	1	2	4	5	1	5	3	0
7	RECOG. AT CDR CALL	0	1	0	1	4	1	3	3	3	1
8	RECOG. IN CLINIC	0	0	2	1	3	1	2	4	1	3
9	EXEC. CMT REPORT	0	1	2	2	0	0	3	1	3	2
10	CLINIC SCHEDULE	0	2	1	1	2	0	1	2	3	0
11	RECOG. NEWSPAPER	0	0	0	1	2	2	3	1	2	4
12	DEDICATED TYPING	0	0	3	1	0	1	0	2	3	3
13	ROTATING PLAQUE	0	0	0	2	0	2	3	2	2	0
14	PARKING RESERVED	1	0	0	0	3	0	0	1	0	2
15	LUNCH w/CDR/DCCS	0	0	0	0	0	1	0	0	1	4

VI: Military physicians with medical AOCs, regardless of rank.

(Number responding: 60 out of 65)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	22	5	7	7	4	0	1	1	0	2
2	MEDAL eg. ARCOM	13	12	6	5	2	7	1	2	0	1
3	LETTER OF APPREC.	2	10	8	8	5	5	4	2	3	1
4	TDY PERMISSIVE	1	6	9	12	5	2	1	2	3	3
5	PASS 3-4 DAYS	5	12	6	2	3	2	4	0	0	0
6	COMPLIMENT/FEEDBACK	7	0	2	3	6	4	4	10	7	3
7	RECOG. AT CDR CALL	1	2	3	4	5	2	5	5	6	2
8	RECOG. IN CLINIC	1	1	3	2	4	5	2	7	2	3
9	CLINIC SCHEDULE	2	3	1	2	3	2	2	3	3	1
10	NEWSPAPER RECOG.	0	1	0	3	3	4	5	3	4	9
11	EXEC. CMT. REPORT	0	1	3	2	1	4	5	2	4	2
12	DEDICATED TYPING	0	0	4	1	5	3	3	1	2	3
13	ROTATING PLAQUE	0	2	1	2	2	3	2	2	3	3
14	LUNCH w/DCCS/CDR	0	1	1	2	2	3	1	0	5	7
15	PARKING RESERVED	1	1	0	0	3	0	2	4	0	3

VII: Military physicians with surgical AOCs, regardless of rank.

(Number responding: 12 out of 16)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	6	3	0	0	0	1	1	0	0	0
2	LETTER OF APPREC.	1	2	1	3	2	1	3	1	0	0
3	TDY PERMISSIVE	0	6	4	0	1	0	0	0	0	1
4	COMPLIMENT/FEEDBACK	1	1	3	3	0	2	1	C	0	0
5	MEDAL eg. ARCOM	0	2	2	2	2	2	0	1	0	1
6	PASS 3-4 DAYS	2	2	2	1	0	0	0	0	0	0
7	RECOG. IN CLINIC	0	1	0	2	2	2	0	2	3	0
8	CLINIC SCHEDULE	2	0	2	1	0	2	0	1	0	0
9	RECOG. AT CDR CALL	1	0	0	2	3	0	0	2	0	2
10	DEDICATED TYPING	1	0	0	1	1	0	1	1	2	0
11	EXEC. CMT. REPORT	0	0	0	0	0	2	2	0	1	1
12	NEWSPAPER RECOG.	0	0	1	1	1	0	0	0	0	0
13	PARKING RESERVED	0	0	1	0	1	0	1	0	0	2
14	ROTATING PLAQUE	0	0	1	0	0	0	1	0	2	3
15	LUNCH w/CDR/DCCS	0	1	0	0	0	0	0	1	0	2

VIII: Military physicians with rank of Colonel and have a medicine AOC.

(Number responding: 5 out of 7)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	LETTER OF APPREC.	0	2	1	1	0	0	0	0	0	0
2	RECOG. AT CDR CALL	1	0	1	0	2	0	0	0	0	0
3	TDY FUNDED	2	0	0	1	0	0	0	0	0	0
4	MEDAL eg. ARCOM	1	1	0	0	0	1	0	0	0	0
5	RECOG. IN CLINIC	1	0	0	1	0	1	0	0	0	0
6	TDY PERMISSIVE	0	0	1	0	1	1	0	0	0	0
7	PASS 3-4 DAYS	0	1	1	0	0	0	0	0	0	0
8	NEWSPAPER RECOG.	0	0	0	0	1	0	1	1	0	0
9	COMPLIMENT/FEEDBACK	0	0	0	1	0	0	0	1	1	0
10	CLINIC SCHEDULE	0	1	0	0	0	0	0	0	0	0
11	LUNCH w/CDR/DCCS	0	0	0	0	0	1	1	0	0	0
12	EXEC. CMT. REPORT	0	0	0	0	0	0	1	0	0	0
13	PARKING RESERVED	0	0	0	0	0	0	0	1	0	0
14	ROTATING PLAQUE	0	0	0	0	0	0	0	0	0	0
15	DEDICATED TYPING	0	0	0	0	0	0	0	0	0	0

IX: Military physicians with rank of Colonel and have a surgical AOC.

(Number responding: 3 out of 5)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	2	1	0	0	0	0	0	0	0	0
2	RECOG. AT CDR CALL	1	0	0	1	0	0	0	1	0	0
3	PARKING RESERVED	0	0	1	0	0	0	1	0	0	0
4	LETTER OF APPREC.	0	0	0	0	1	1	0	0	0	0
5	RECOG. IN CLINIC	0	0	0	1	0	0	0	0	2	0
6	TDY PERMISSIVE	0	1	0	0	0	0	0	0	0	0
7	LUNCH w/CDR/DCCS	0	1	0	0	0	0	0	0	0	1
8	COMPLIMENT/FEEDBACK	0	0	1	0	0	0	0	0	0	0
9	CLINIC SCHEDULE	0	0	0	0	0	1	0	1	0	0
10	NEWSPAPER RECOG.	0	0	1	0	0	0	0	0	0	0
11	MEDAL eg. ARCOM	0	0	0	1	0	0	0	0	0	1
12	DEDICATED TYPING	0	0	0	0	1	0	0	0	0	0
13	EXEC. CMT. REPORT	0	0	0	0	0	0	0	0	0	2
14	PASS 3-4 DAYS	0	0	0	0	0	0	0	0	0	0
15	ROTATING PLAQUE	0	0	0	0	0	0	0	0	0	0

X: Military physicians with rank of LTC and have a medicine AOC.

(Number responding: 9 out of 10)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY PERMISSIVE	0	2	3	1	2	0	0	0	0	0
2	TDY FUNDED	4	0	1	2	0	0	0	0	0	1
3	COMPLIMENT/FEEDBACK	3	0	0	1	2	0	2	1	1	0
4	LETTER OF APPREC.	0	3	1	2	0	1	0	1	1	1
5	MEDAL eg. ARCOM	2	0	1	1	0	1	0	2	0	0
6	RECOG. AT CDR CALL	0	0	1	0	1	2	2	0	1	0
7	EXEC. CMT. REPORT	0	0	1	0	1	2	2	0	1	0
8	RECOG. IN CLINIC	0	1	1	0	0	3	0	0	0	0
9	PASS eg. 3-4 DAYS	0	2	1	0	0	0	1	0	0	0
10	NEWSPAPER RECOG.	0	1	0	1	1	0	0	1	0	4
11	DEDICATED TYPING	0	0	0	0	3	1	0	0	1	0
12	ROTATING PLAQUE	0	2	0	0	0	0	0	0	1	1
13	CLINIC SCHEDULE	1	0	0	0	0	1	1	0	0	1
14	LUNCH w/DCCS/CDR	0	1	0	0	0	1	0	0	0	0
15	PARKING RESERVED	0	1	0	0	0	0	0	0	0	1

XI: Military physicians with rank of LTC and have a surgical AOC.

(Number responding: 2 out of 3)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	COMPLIMENT/FEEDBACK	1	1	0	0	0	0	0	0	0	0
2	RECOG. IN CLINIC	0	1	0	0	0	1	0	0	0	0
3	LETTER OF APPREC.	1	0	0	0	0	0	0	0	0	0
4	MEDAL eg. ARCOM	0	1	0	0	0	0	0	1	0	0
5	ROTATING PLAQUE	0	0	1	0	0	0	0	0	0	0
6	RECOG. AT CDR CALL	0	0	0	1	0	0	0	0	0	0
7	TDY FUNDED	0	0	0	1	0	0	0	0	0	0
8	LUNCH w/CDR/DCCS	0	0	0	0	0	0	0	1	0	0
9	EXEC. CMT. REPORT	0	0	0	0	0	0	0	0	1	0
10	PARKING RESERVED	0	0	0	0	0	0	0	0	0	1
11	TDY PERMISSIVE	0	0	0	0	0	0	0	0	0	1
12	CLINIC SCHEDULE	0	0	0	0	0	0	0	0	0	0
13	DEDICATED TYPING	0	0	0	0	0	0	0	0	0	0
14	NEWSPAPER RECOG.	0	0	0	0	0	0	0	0	0	0
15	PASS 3-4 DAYS	0	0	0	0	0	0	0	0	0	0

XII: Military physicians with rank of MAJ and have a medicine AOC.

Number Responding: (17 out of 19)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	8	1	2	1	2	0	0	1	0	0
2	MEDAL eg. ARCOM	2	7	2	2	0	2	0	0	0	1
3	PASS 3-4 DAYS	2	5	2	0	1	0	1	0	0	0
4	LETTER OF APPREC.	1	1	2	1	4	1	2	0	1	0
5	TDY PERMISSIVE	0	1	2	5	0	0	1	1	1	1
6	COMPLIMENT/FEEDBACK	2	0	1	0	0	0	1	3	2	3
7	CLINIC SCHEDULE	1	0	1	2	1	1	0	1	0	0
8	RECOG. AT CDR CALL	0	0	1	2	1	1	1	0	1	2
9	DEDICATED TYPING	0	0	1	0	2	1	3	0	0	0
10	NEWSPAPER RECOG.	0	0	0	2	0	2	1	0	2	1
11	ROTATING PLAQUE	0	0	1	0	2	1	0	0	1	2
12	RECOG. IN CLINIC	0	0	0	0	2	0	0	4	2	0
13	PARKING RESERVED	0	0	0	0	0	0	2	2	0	1
14	EXEC. CMT. REPORT	0	0	0	0	0	2	1	0	0	1
15	LUNCH w/CDR/DCCS	0	0	0	0	0	0	0	0	3	1

XIII: Military physicians with rank of MAJ and have a surgical AOC.

Number Responding: (5 out of 7)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	COMPLIMENT/FEEDBACK	1	0	2	2	0	0	1	0	0	0
2	TDY PERMISSIVE	0	2	3	0	0	0	0	0	0	0
3	LETTER OF APPREC.	0	2	0	2	0	1	1	0	0	0
4	TDY FUNDED	2	1	0	0	0	1	0	0	0	0
5	CLINIC SCHEDULE	2	0	1	0	0	1	0	0	0	0
6	DEDICATED TYPING	1	0	0	1	0	0	1	0	0	0
7	RECOG. IN CLINIC	0	0	0	1	1	1	0	1	0	0
8	PASS 3-4 DAYS	0	1	1	0	0	0	0	0	0	0
9	EXEC. CMT. REPORT	0	0	0	0	0	2	0	0	0	0
10	MEDAL *eg.* ARCOM	0	0	0	0	1	0	0	1	0	0
11	RECOG. AT CDR CALL	0	0	0	0	1	0	0	0	0	1
12	PARKING RESERVED	0	0	0	0	1	0	0	0	0	0
13	ROTATING PLAQUE	0	0	0	0	0	0	0	0	1	0
14	LUNCH w/CDR/DCCS	0	0	0	0	0	0	0	0	0	1
15	NEWSPAPER RECOG.	0	0	0	0	0	0	0	0	0	0

XIV: Military physicians with rank of CPT and have a medicine AOC.

Number Responding: (24 out of 28)

		Number of Votes Per Rank 1-10									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	8	4	4	3	2	0	1	0	0	1
2	MEDAL eg. ARCOM	8	4	3	2	2	3	1	0	0	0
3	LETTER OF APPREC.	1	5	4	4	1	3	2	1	1	0
4	TDY PERMISSIVE	1	3	3	6	2	1	0	1	2	2
5	PASS 3-4 DAYS	3	3	1	2	2	2	2	0	0	0
6	COMPLIMENT/FEEDBACK	2	0	1	1	4	3	1	5	3	0
7	RECOG. IN CLINIC	0	0	2	1	2	1	2	3	0	3
8	RECOG. AT CDR CALL	0	1	0	1	2	1	3	2	3	0
9	EXEC. CMT. REPORT	0	1	2	2	0	0	2	1	3	1
10	CLINIC SCHEDULE	0	2	0	0	2	0	1	2	3	0
11	DEDICATED TYPING	0	0	3	1	0	1	0	1	1	3
12	ROTATING PLAQUE	0	0	0	2	0	2	2	2	1	0
13	NEWSPAPER RECOG.	0	0	0	0	1	2	3	1	2	4
14	PARKING RESERVED	1	0	0	0	3	0	0	1	0	1
15	LUNCH w/CDR/DCCS	0	0	0	0	0	1	0	0	1	4

XV: Military physicians with rank of CPT and have a surgical AOC.

Number Responding: (6 out of 7)

		Number of Votes Per Rank									
Priority	Description	1	2	3	4	5	6	7	8	9	10
1	TDY FUNDED	4	1	0	0	0	0	0	0	0	0
2	MEDAL eg. ARCOM	0	1	2	1	1	2	0	0	0	0
3	PASS 3-4 DAYS	2	1	1	1	0	0	0	0	0	0
4	TDY PERMISSIVE	0	3	1	0	0	0	0	0	0	0
5	LETTER OF APPREC.	0	0	1	1	1	0	2	1	0	0
6	COMPLIMENT/FEEDBACK	0	0	0	1	0	2	0	0	0	0
7	RECOG. AT CDR CALL	0	0	0	0	2	0	0	1	0	1
8	CLINIC SCHEDULE	0	0	1	1	0	0	0	0	0	0
9	NEWSPAPER RECOG.	0	0	0	1	1	0	0	0	0	0
10	RECOG. IN CLINIC	0	0	0	0	1	0	0	1	1	0
11	DEDICATED TYPING	0	0	0	0	0	0	0	1	2	0
12	ROTATING PLAQUE	0	0	0	0	0	0	1	0	1	0
13	EXEC. CMT REPORT	0	0	0	0	0	0	1	0	0	1
14	PARKING RESERVED	0	0	0	0	0	0	0	0	0	1
15	LUNCH w/CDR/DCCS	0	0	0	0	0	0	0	0	0	0